

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2015 JUL 28 AM 9:26

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

URBAN PROGRESS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. BOX 257



Check if different
than previously
reported. (ACC)

WALTERBORO

SC

29488

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00528661

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y

in the
State of

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y

in the
State of

5. Covering Period

03 / 31 / 2015

06 / 30 / 2015

through

06 / 30 / 2015

06 / 30 / 2015

06 / 30 / 2015

06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BRIDGET L. MURRAY

Signature of Treasurer

Bridget L. Murray

06 / 14 / 2015

06 / 14 / 2015

06 / 14 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 03 / 31 / 2015 To: 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19).....	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0000	0000
7. Total Disbursements (from Line 31).....	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0000	0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0000	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY
03 / 31 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

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Page 4

COLUMN B
Calendar Year-to-Date

- [illegible]

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	0000	0000
34. Total Contribution Refunds (from Line 28(d))	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3)	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0000	0000

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

B.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C.		Date of Disbursement	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	
Purpose of Disbursement		<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0000
 0000

2011-01-20 10:00:00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

0000
0000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) URBAN PROGRESS POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER C00528661	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
City State Zip Code		Date Due <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
Title			

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

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NOTATION: NO. 000-1000-1000

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) URBAN PROGRESS POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C00528661
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0000
(c) TOTAL Independent Expenditures.....▶	0000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *Bridget L. Murray*

Date 06 / 14 / 2015

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

☐ Check if
24-hour notice

Has your committee been designated to make
coordinated expenditures by a political party committee?

☐ YES ☐ NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City

State

ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Aggregate General Election
Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

MM / DD / YYYY

Amount

XXXXXXXXXXXX

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Aggregate General Election
Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

MM / DD / YYYY

Amount

XXXXXXXXXXXX

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Aggregate General Election
Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

MM / DD / YYYY

Amount

XXXXXXXXXXXX

SUBTOTAL of Expenditures This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

20110101 10:00:00

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred).....

20100101 10:00:00 AM

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

PAGE **OF**
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

M M /

D D /

Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

M M /

D D /

Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

M M /

D D /

Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY.**

PAGE	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-weight: bold;">URBAN PROGRESS POLITICAL ACTION COMMITTEE</div>			
NAME OF ACCOUNT	DATE OF RECEIPT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y </div>	TOTAL AMOUNT TRANSFERRED <div style="border: 1px solid black; height: 20px;"></div>	
BREAKDOWN OF THIS TRANSFER			
i) Voter Registration Total Amount Transferred for Voter Registration.....		VOTER REGISTRATION <div style="border: 1px solid black; height: 20px;"></div>	
ii) Voter ID Total Amount Transferred for Voter ID		VOTER ID <div style="border: 1px solid black; height: 20px;"></div>	
iii) GOTV Total Amount Transferred for GOTV		GOTV <div style="border: 1px solid black; height: 20px;"></div>	
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY <div style="border: 1px solid black; height: 20px;"></div>	
BREAKDOWN OF THIS TRANSFER			
i) Voter Registration Total Amount Transferred for Voter Registration.....		VOTER REGISTRATION <div style="border: 1px solid black; height: 20px;"></div>	
ii) Voter ID Total Amount Transferred for Voter ID		VOTER ID <div style="border: 1px solid black; height: 20px;"></div>	
iii) GOTV Total Amount Transferred for GOTV		GOTV <div style="border: 1px solid black; height: 20px;"></div>	
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY <div style="border: 1px solid black; height: 20px;"></div>	
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)			
TOTAL This Period (Voter Registration).....		<div style="border: 1px solid black; padding: 5px; display: inline-block;">0000</div>	
TOTAL This Period (Voter ID)		<div style="border: 1px solid black; padding: 5px; display: inline-block;">0000</div>	
TOTAL This Period (GOTV).....		<div style="border: 1px solid black; padding: 5px; display: inline-block;">0000</div>	
TOTAL This Period (Generic Campaign Activity).....		<div style="border: 1px solid black; padding: 5px; display: inline-block;">0000</div>	
TOTAL This Period (Total Amount of Transfers Received).....		<div style="border: 1px solid black; padding: 5px; display: inline-block;">0000</div>	

PAGE	OF
FOR LINE 30a OF FORM 3X	

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
Mailing Address			Allocated Activity or Event Year-To-Date <input type="text"/>		
City	State	Zip Code	<input type="text"/>		
Purpose of Disbursement			Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE		=
<input type="text"/>			<input type="text"/>		<input type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<input type="text"/> <input type="text"/>		
Purpose of Disbursement		<input type="text"/> Category/ Type	Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE		=
<input type="text"/>			<input type="text"/>		<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign			
Mailing Address			Allocated Activity or Event Year-To-Date			
City	State	Zip Code	<input type="text"/> <input type="text"/>			
Purpose of Disbursement		<input type="text"/> Category/ Type	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
<input type="text"/>			<input type="text"/>			<input type="text"/>

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	=
			0000
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
			0000
TOTAL This Period for the Levin Share			

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	0000	0000
(b) Unitemized	0000	0000
(c) Total	0000	0000
2. OTHER RECEIPTS	0000	0000
3. TOTAL RECEIPTS (Add Lines 1c and 2)	0000	0000
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	0000	0000
(b) Voter ID	0000	0000
(c) GOTV	0000	0000
(d) Generic Campaign	0000	0000
(e) Total	0000	0000
5. OTHER DISBURSEMENTS	0000	0000
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	0000	0000
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	0000	0000
8. RECEIPTS (from Line 3)	0000	0000
9. SUBTOTAL (Add Lines 7 and 8)	0000	0000
10. DISBURSEMENTS (From Line 6)	0000	0000
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	0000	0000

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0000

0000

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5	
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d		

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NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>

B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>

C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>

D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>

E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

<input type="text"/>	0000
<input type="text"/>	0000

NOTATION: NO. ON BOTTOM

Urban Progress PAC
P.O. Box 257
Walterboro, SC 29488

FIRST CLASS

Federal Election Commission
999 E Street, NW
Washington, DC 20463


Form 3x

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/14/15 Date of Receipt 7/28/15
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2015)

7/28/15
DATE PREPARED

2015-07-28 10:00:00